

Relations between members of the British Cardiac Society and industry

Advances in the treatment of hypertension, heart failure, and, more recently, coronary disease and hypercholesterolaemia, have resulted in huge markets and huge investments in research. Physicians and research scientists often fulfil several roles—as advisers to the industry, as prescribers to their patients, or as advisers to the National Health Service and government.

This may give rise to problems. On the one hand we are encouraged to maintain our independence from the pharmaceutical industry, so that there are no conflicts of interest in the advice we give; on the other, universities and government encourage links between universities and industry by consultancy work.

Conflicts in postgraduate education

There is a paucity of National Health Service and university funding for postgraduate education in an era of increasingly squeezed National Health Service resources. It is unrealistic to ignore the huge dependence of postgraduate tutors on the pharmaceutical industry for the support of continuing postgraduate training of general practitioners, consultants, and trainee physicians. The same dependence is evident, particularly in national and international congresses, in the postgraduate education of cardiologists.

How can the effects of these conflicts be mitigated?

CONSULTANCIES, HONORARIA

Individuals should not be discouraged from acting as consultants to industry, whether pharmaceutical companies, biomedical engineering, or the private health care sector.

Honoraria for consultancies, lecturing, or service on advisory boards should be clearly appropriate to the work performed and personal inconvenience. The payment should be open and direct, and not indirect in the form of perquisites, whether entertainment for individuals or their relatives, or gifts. (All may lead to difficulties with the Inland Revenue.)

Where there is a continuing arrangement with a company (as a consultant or a member of an advisory board), the consultancy commitment in terms of time and level of payment should be notified (in confidence) to the appropriate local body, such as academic board or District Health Authority. In any publications and reports the consultancy or support should be acknowledged as a footnote.

EDUCATION

Physicians and industry should plan the content of meetings together. Chairman or postgraduate tutors should avoid agreeing to a "fait accompli". Before agreeing to take part in a meeting it is wise to ask:

- (a) who are the other speakers?
- (b) what is the purpose of the meeting?
- (c) what is the audience?
- (d) is the meeting wholly or partly sponsored, and by which company?

The most successful advertising is that based on sound factual exploitation of the truth. It is not in the industry's long term advantage to suppress adverse effects or promote unsustainable claims.

The British Cardiac Society considers that a precise code of practice would be too rigid and would not as a result command respect. The society encourages the principle of open disclosure of relations between industry and the profession. Individuals should ask themselves "Would I be embarrassed if the invitation or payment became public knowledge?"